

## **Academic Field Trip(s) Request Form and Consent Form**

All instructors must complete an **Academic Field Trip Request Form** and an **Academic Field Trip Consent Form** for all scheduled field trips.

Instructors are asked to submit their **Request Form** to their respective Dean at least two weeks prior to the scheduled field trip. The Dean will sign the form and provide a copy to the instructor.

If approved, instructors are then asked to provide each student who will be participating in the field trip with a **Consent Form**.

This form is designed to provide the student with basic information about the trip(s), and to warn the student of any hazards involved in providing instruction outside of the classroom.

It also sets a standard for behavior, letting the student know that s/he is responsible for her/himself. It also acknowledges that failure to follow guidelines may result in dismissal from the trip(s).

This form is NOT a waiver, since the student does not give up any rights in signing the form.

This form is designed for single or multiple class field trips.

If the instructor has more than one trip planned throughout the semester (but no more than two are recommended), then students do not need to sign a form for each trip. Instructors are asked to simply indicate the number of trips planned in the space provided on the form, attach the course syllabus (or other related written document) which acknowledges that a field trip(s) is planned during the semester and have the student sign it within the first 10 days of the semester.

Students under the age of 18 are generally treated like any other student for the purposes of field trips, and therefore do not need parental/guardian signatures for consent forms.

Students can witness each other's form. Instructors are asked to check the forms to make sure they are legible. Instructors are asked to make copies of all completed forms for their respective Dean (who will notify Campus Security of the trip).

Instructors are asked to keep/file the forms for three years, along with their course materials.

Forms may be discarded after three years.

# Academic Field Trip Request Form\*

*Please complete this Request Form when scheduling a field trip at least two weeks prior to the planned trip, and submit it to the Dean for his or her approval.*

NOTE: *Please limit field trips to two (2) per semester, per course, unless otherwise approved by the Dean.*

**Name of Instructor:**

**Course Name and Section Number:**

**Proposed Field Trip Location:**

**Date and Time of Field Trip:**

**Briefly describe the proposed field trip agenda:**

**Briefly explain how this field trip enhances course curriculum:**

Approved By: \_\_\_\_\_, Academic Dean

Date: \_\_\_\_\_

\*please retain this copy for your files

# Atlantic Cape Community College Academic Field Trip(s) Consent Form

*Students are asked to please read this form carefully, then print and sign this form as indicated.*

Student Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_ Semester & Year: \_\_\_\_\_  
Course Name/Section Number: \_\_\_\_\_  
Emergency Contact Name and Number: \_\_\_\_\_

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I, \_\_\_\_\_ understand that as many as \_\_\_\_\_ field trip(s) may be assigned as part of the academic requirements of this course. I freely choose to participate in this course and its field trip(s) to various locations as outlined by the Instructor during the semester.

I understand and agree that Atlantic Cape Community College (Atlantic Cape), its faculty, staff, administrators, Board of Trustees or agents may not be held liable in any way for an occurrence in connection with my participation in the field trip(s) that may result in injury, death or other damages to me or my family, estate, heirs or assigns. In consideration of my willingness to participate in the field trip(s), I hereby personally assume all risks in connection with said field trip(s) for any harm, injury or damage that may occur to me, whether foreseen or unforeseen.

I understand that Atlantic Cape is not an agent of, and has no responsibility for, any third party including without limitation any sponsor which may provide any services including food, lodging, travel or any equipment associated with the field trip(s). I further hold harmless any persons associated with the field trip(s) from claim by me, or my family, estate, heirs or any persons.

## **ASSUMPTION OF RISK**

I agree that participating in any activity is an acceptance of some risk of injury. I agree that my safety is primarily dependent upon my taking proper care of myself. I understand that it is my responsibility to know what I will need for the field trip(s) and to provide what I will need. I agree to make sure that I know how to safely participate in any activities, and I agree to observe any rules and practices that may be employed to minimize the risk of injury. I agree to stop and seek assistance if I do not believe I can safely continue in any activity. I agree to limit my participation to reflect my personal fitness level. I agree to wear or use proper protection or gear as dictated by the activity. I will not wear or use or do anything that would pose a hazard to myself or others, including using or ingesting any substance which could pose a hazard to myself or others. I understand that if I do not agree to act in accordance with this consent, then I may not be permitted to continue to participate in the field trip(s).

Despite precautions, accidents and injuries may occur. I understand that travel and other activities the field trip(s) may undertake may be potentially dangerous and that I may be injured and/or lose or damage personal property, or suffer financial loss as a result of participation in the field trip(s). Therefore, **I ASSUME ALL RISKS RELATED TO THE ACTIVITIES**, including but not limited to:

- Death, injury or illness from accidents of any nature whatsoever, including, but not limited to, bodily injury of any nature, whether severe or not, which may occur as a result of participating in an activity or contact with persons or physical surroundings, including animals, insects or plants; arising from travel by air, car, bus, subway or any other means; death, injury or illness including, food poisoning, arising from the provision of food or beverage by service providers.
- Theft or loss of my personal property during the field trip(s).
- Loss or injury as a result of natural disaster or any other disturbances or causes.
- Alteration including delay, extension or cancellation of the field trip(s) due to natural disaster or any other disturbances or causes.

I further acknowledge that the above list is not inclusive of all possible risks associated with the field trip(s), and that I am aware of the risks involved whether described or not. I further understand that participating in the field trip(s) is an acceptance of risk of injury, death or financial loss, and I am voluntarily assuming all risks, whether know or unknown.

## **MEDICAL TREATMENT AUTHORIZATION**

I authorize, but do not obligate, Atlantic Cape to provide emergency medical treatment in the event of an accident or illness that may occur while participating in the field trip(s).

My signature below indicates that I have read, understood, and freely signed this agreement. I further certify that I am at least eighteen years of age and that I am otherwise legally competent to sign this agreement. I certify that I am signing this agreement, after having carefully read and understood the same, of my own free will. This agreement is made in sole consideration of Atlantic Cape supporting my participation in the field trip(s) and my use of facilities, equipment, or services associated with the field trips(s).

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Witness Name Printed: \_\_\_\_\_